

**APPLICATION FOR EMPLOYMENT
ADMINISTRATIVE/PARALEGAL
DEPARTMENT OF LAW
State of Georgia
40 Capitol Square, SW, Suite 105
Atlanta, Georgia 30334-1300
www.law.ga.gov**

PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle	2. Social Security Number	
3. Apt. No.	4. Street Address	5. City	5a. County	6a. State	7. Zip Code
8. Telephone (Daytime)		9a. Mailing Address if different from above.			
9b: Email Address:					
10. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. List all names you have used, including nicknames		12. Marital Status	
13. Spouse's Name:		Last	First	Middle	14. Spouse's Occupation

INFORMATION REQUESTED BELOW FOR EQUAL EMPLOYMENT MONITORING PURPOSES					
15. Race (Check One)			16. Sex		17. Birth Date
<input type="checkbox"/> American Indian <input type="checkbox"/> White			<input type="checkbox"/> Male		Month Day Year
<input type="checkbox"/> Hispanic <input type="checkbox"/> Black			<input type="checkbox"/> Female		City County/Province State/Country
<input type="checkbox"/> Asian <input type="checkbox"/> Other. Specify _____					

GOVERNMENT EMPLOYMENT			
19. Have you ever been dismissed from any government position? If yes, attach a detailed explanation.		20. If you have previously applied with the Department of Law using a different name please state that name.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Have you ever been employed by the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.			
Job Title	Name of Supervisor	Inclusive Dates	Employing State Agency
22. Do any of your relatives work for the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.			
Last Name	First	Middle	Relationship
			Employing State Agency

EDUCATION				
Circle highest grade completed		High School Graduate or Equivalent (GED)	Vocational/Business School Attended - Area of Study	Length of Course
1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Location of Colleges or Universities Attended		Field of Study/Areas of Concentration		Type of Degree Awarded
		Major	Minor	Degree Date or Anticipated
Graduate School				
Law School				

MILITARY SERVICE (if applicable)				
Active Armed Forces Service	Job Title	Inclusive Periods of Active Service		Reserve Status
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Navy <input type="checkbox"/> Marines		From (month/year)	To (month/year)	
Type of Discharge _____. If other than honorable attach a detailed explanation.				

SKILLS AND EXPERIENCE (check any which apply to you)			
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Legal Transcription	<input type="checkbox"/> Paralegal Experience	<input type="checkbox"/> Computer Programming
<input type="checkbox"/> Shorthand	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Personnel Office
<input type="checkbox"/> Word Processors	<input type="checkbox"/> Typing, WPM _____	<input type="checkbox"/> PC Spreadsheets	<input type="checkbox"/> P.O.S.T. Certified

TYPE OF WORK APPLIED FOR AND AVAILABILITY		
<i>NOTE: If you are applying for a job as a legal secretary you will be contacted by a representative of the Department of Law to schedule a typing test</i>		
Title of Job Applied For	Type of Job Sought	Date Available for Work
	<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Any	

BUSINESS RELATED REFERENCES					
List two (2) persons whom you report(ed) to: (e.g. supervisors, volunteer leaders, professors) that we may contact.					
Name	Address	City	State	Zip Code	Telephone No.

COURT RECORD - CHARGES PENDING
Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where: (a) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (b) an adjudication of guilt or sentence was otherwise withheld or not entered on the charge, except with respect to a plea of nolo contendere? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a detailed explanation. Have you ever been convicted, entered a plea of nolo contendere, or any charges now pending against you by federal, state, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed or would likely be imposed. All other convictions and pleas of nolo contendere must be included even if they are pardoned.) <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide the following:

CONVICTIONS - PLEAS OF NOLO CONTENDERE			
Charge	Date	Name of Court and Place	Pardoned
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES PENDING		
Violation Charged	Name of Government	Name of Court & Location Where Pending

CERTIFICATION
By my signature, I hereby certify that the above information, and the information contained on the attachments to this application for employment, are true and correct and are made under the penalties of false swearing. I authorize the Department of Law, its employees and agents to verify this information.
<div style="text-align: right;"> _____ Signature of Applicant </div> <div style="text-align: right;"> _____ Date </div>
EMPLOYMENT HISTORY
Describe your employment history beginning with your current or most recent job, including volunteer experience. If you worked for the same employer but at various times held different jobs, describe each separately. Please describe in detail the specific duties

Current or Last Employer				Address			
Job Title		From (Month & Year)		To (Month & Year)		May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving

[illegible]

Employer				Address			
Job Title		From (Month & Year)		To (Month & Year)		May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary	Ending Salary	Name of Supervisor			Reason for Leaving	

[illegible]

Employer				Address			
Job Title		From (Month & Year)		To (Month & Year)		May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving

[illegible]

Employer			Address		
Job Title		From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary	Ending Salary	Name of Supervisor		Reason for Leaving

DEPARTMENT OF LAW
State of Georgia
40 Capitol Square, SW, Suite 105
Atlanta, Georgia 30334-1300

PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Apt. No.	5. Street Address	6. City		7. State	8. Zip Code

PLACES OF RESIDENCE						
<i>Please list the address of each place where you have lived during the past five (5) years</i>						
Inclusive Dates		Apt No.	Street Address	City	State	Zip Code
From	To					

WAIVER	
<p>This waiver authorizes the full & complete disclosure of information to the Georgia Bureau of Investigation concerning my driver's history, criminal history, credit history, educational background, employment history, medical history, records of the GA Department of Revenue, records of the Department of Human Resources Child Support Enforcement, records of local, state and federal criminal justice agencies, and all other information which may be used in determining my suitability for employment in a governmental position of trust... This further releases all persons and companies of any liability in relinquishing the requested information to representatives of the Georgia Bureau of Investigation for the purpose of my being considered for employment or appointment to a position within State government. This release further authorizes the Georgia Bureau of Investigation to disseminate the above information to the State agency which is considering me for employment or appointment. I further understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.).</p>	
<div style="border-bottom: 1px solid black; width: 300px; margin: 0 auto;"></div> Signature	
<div style="border-bottom: 1px solid black; width: 300px; margin: 0 auto;"></div> Date	